



References

- Alcala, M. J. (1994). *Action for the 21st century: Reproductive health and rights for all*. New York: Family Care International.
- Ali, M. and Cleland, J. (1995). Contraceptive discontinuation in six developing countries: A cause specific analysis. *International Family Planning Perspectives*, 21(3), 92-97.
- Andaleeb, S. S. (1996). Explaining the commitment of family planning field workers In Bangladesh. *International Family Planning Perspectives*, 22(1), 10-15.
- Argyle, M. and Colman, A. M. (Eds.), (1995). *Social psychology*. London: Longman Group Ltd.
- Bairagi, R and Rahman, M. (1996). Contraceptive failure in Matlab, Bangladesh. *International Family Planning Perspectives*, 22(1), 21-25.
- Barnett, B. (1996). Family planning reduces mortality. *Journal of Nepal Medical Association*. 34(118 &119), 206-211.
- Bellamy, C. (2001). *The state of the world's children*. UNICEF: Oxford University Press.
- Bellamy, C. (1998). *The state of the world's children*. UNICEF: Oxford University Press.
- Bergdall, T. D. (1993). *Methods for active participation: Experiences in rural development from east and central Africa*, Nairobi: Oxford University Press.
- Blanger, D. (2002). Son preference in a rural village in North Vietnam. *Studies in Family Planning*, 33(4), 321-334.
- Bolam, A., Manandhar, D. S. and Shrestha, P. (1998). The effect of postnatal health education for mothers on infant care and family planning practices in Nepal: A randomized controlled trial. *British Medical Journal*, 316(7134), 805-811.

- Bongaarts, J. (1997). *Trends in unwanted childbearing in the developing world*. Population Council Publication No.98, Population Council: New York.
- Bongaarts, J. and Bruce, J. (1995). The causes of unmet need for contraception and the social content of services. *Studies in Family Planning*, 26(2), 57-75.
- Bongaarts, J. and Watkins, C. (1996). Social interactions and contemporary fertility transitions. *Population and Development Review* 22(4), 639-682.
- Boyle, M. (1996). Decision making for contraception and abortion. In M. Pitts & K. Phillips (Eds.) *The psychology of health: An introduction* (Pp. 156-1170) London: Routledge.
- Bulatao, R.A. (1998). *The value of family planning program in developing countries*, Washington DC: RAND (<http://www.rand.org/>)
- Campbell, O., Filippi, V., Koblinsky, M., Marshall, T., Mortimer, J., Pittrof, R., Ronsmans, C. and Williams, L. (1997). *Lessons learnt: A decade of measuring the impact of safe motherhood programmes*. London: The LSHTM Maternal Health Programme.
- Casterline, J. B., Perez, A. E. and Biddlecom, A. E. (1997). Factors underlying unmet needs for family planning in the Philippines. *Studies in Family Planning* 28(3), 173-191.
- [CBS] Central Bureau of Statistics. (2001). *Nepal in figures*, Kathmandu, Nepal: Author.
- [CBS] Central Bureau of Statistics. (1999). *Nepal in figures*, Kathmandu, Nepal: Author.
- [CBS] Central Bureau of Statistics. (1993). *Population census 1991*, Vol. 1, Kathmandu, Nepal: Author.

- Chesler, M. (1991). Participatory action research with self-help groups: An alternative paradigm for inquiry and action. *American Journal of Community Psychology*, 19, 757-768.
- Dali, S. M., Shrestha, P. N, Rizal, B. and Koirala, S. (1989). *A study of 1000 live births at TUTH*. Kathmandu, Nepal: Institute of Medicine, Family Health Project.
- DaVanzo, J and Adamson, D. M. (1998). *Family planning in developing countries: An unfinished story*. Washington D.C.: RAND.
- Debuur, C., Phillips, J. F., Jackson, E.F., Nazzar, A., Ngom, P., and Binka, F.N. (2002) The impact of Navrongo project on contraceptive knowledge and use, reproductive preference, and fertility. *Studies in Family Planning*, 33(2), 141-164.
- De Silva, W. I. (1993). Influence of son preference on the contraceptive use and fertility of Sri Lankan women. *Journal of Biosocial Science*, 25(3), 319-331.
- Dharmalingam, A. (1995). The social context of family planning. *International Family Planning Perspectives*, 21(3), 98-103.
- [DHS] Department of Health Services (2000). *Annual report 1999/2000*. Kathmandu, Nepal: Author.
- [DHS] Department of Health Services (1998). *Annual report 1997/1998*. Kathmandu, Nepal: Author.
- Dignan, M. B. and Carr, P. A. (1992). *Program planning for health education and promotion* (2nd ed.). Philadelphia: Lea and Febiger, pp. 7-8.
- Dwyer, J. (1989). The politics of participation. *Community Health Studies*, 13(1), 59-64.
- Eisen, A. (1994). Survey of neighborhood-based, comprehensive community empowerment initiatives. *Health Education Quarterly*, 21(2), 235-252.

- Elden, M. and Levin, M. (1991). Cogenerative learning: bringing participation into action research. In W. F. Whyte (Ed.) *Participatory action research* (pp. 127-142). Newbury Park, London: Sage Publications.
- [FHD] Family Health Division. (1995). *National medical standards for reproductive health, Volume I: Contraceptive services*. Kathmandu, Nepal: Author.
- [FHD] Family Health Division (1994). *Annual report: FY 1993/94*. Kathmandu: Author.
- Finger, W. R. (1994). A growing challenge: addressing unmet needs. *Network*, 15(1), 5-8.
- Ford Foundation (1992). *Reproductive health and population programming workshop*, Ford Foundation Report.
- [FPAN] Family Planning Association of Nepal. (1994). *Knowledge and attitude of grass-root FP workers regarding family planning and contraception*. Lalitpur, Nepal: Author.
- Freire, P. (1970). *Pedagogy of the oppressed*. New York: The Seabury Press.
- Fricke, T. (1986). *Himalayan households: Tamang demography and domestic process*, Ann Arbor: UMI Research Press.
- Gibson, C. H. (1995). The process of empowerment in mothers of chronically ill children. *Journal of Advanced Nursing*, 21, 1201-1210.
- Gittlesohn, J., Felto, P. T., Bentley, M. E., Battacharya, K. and Russ, J. (1995). *Women's health network protocol for the ethnographic methods to investigate women's health*. Baltimore: John Hopkins University.
- Green, L. W. and Kreuter, M. W. (1991). *Health promotion planning: An educational and environmental approach* (2nd ed.). Mountain View, California: Mayfield.
- Gutiérrez, L. M. (1990). Working with women of color: An empowerment perspective. *Social Work*, 35(2), 149-153.

- Gwako, E. L. M. (1997). Married women's ideal family size preferences and family planning practices: Evidence from rural Kenya. *Social Science Journal*, 34(3), 369-83.
- Hatcher, R.A., Rinehart, W., Blackburn, R., and Geller, J. S. (1997). *The essentials of contraceptive technology*. Baltimore, MD: The Johns Hopkins School of Public Health.
- Heidgerkin, L. E. (1987). *Teaching and learning in schools of nursing*. New Delhi: Himalayan Books.
- Hughes, R. and McIntosh, N. (1997) *Nepal family planning training strategy: An update*. FCA 27, Baltimore, Maryland: JHPIEGO Corporation.
- Islam, M. N., and Islam, M. M. (1993). Biological and behavioral determinant of fertility in Bangladesh: 1975-1989. *Asia-Pacific Population Journal*, 8(1), 3-18.
- Israel, B. A. and Checkoway, B (1994). Health education and community empowerment: Conceptualizing and measuring perceptions of individual, organizational and community control. *Health Education Quarterly*, 21(2), 149-170.
- Jaffe, S. and Jewelewicz, R. (1991). The basic infertility investigation. *Fertility and Sterility*, 55(4), 599-613.
- Kaewsonthi, S. and Harding, A. G. (1992). *Starting, managing and reporting research*. Bangkok: Chulalongkorn University Press, 67.
- Kak, L. P. and Narasimhan, S. (1992). *The impact of family planning employment on field workers' lives: A strategy for measuring empowerment*. The Center for Development and Population Activities, Washington DC. Working Paper No. 1.
- Kamal, N. and Sloggett, A. (1996). The effect of female family planning workers on the use of modern contraception in Bangladesh. *Asia-Pacific Population Journal*, 11(3), 15-26

- Karki, Y. B. (1988). Sex preference and value of sons and daughters in Nepal. *Studies in Family Planning*, 19(3), 169-178.
- Katz, K. R., West, C. G., Doumbie, F., and Kane, F. (1998). Increasing access to family planning services in rural Mali through community-based distribution. *International Family Planning Perspectives*, 24(3), 104-110.
- Khan, M. A. (1996). Factors affecting use of contraceptive in Metlab, Bangladesh. *Journal of Biosocial Science*, 28(3), 265-279.
- Kim, Y. M., Putjuk, F., Basuki, E. and Kols, A. (2000). Self-assessment and peer review: Improving Indonesian service providers' communication with clients. *International Family Planning Perspectives*, 26(1), 4-12.
- Klouda, A. (1993). Prevention is still more costly than cure. In J. Rohde, M. Chatterjee, & D. Morley (Eds.). *Reaching health for all* (pp.10-27). Delhi: Oxford University Press.
- Kuss, T. (1997). Family planning experience of Vietnamese women. *Journal of Community Health Nursing*, 14(3), 155-168.
- Langer, A., Garcia-Barrios, C., Heimbürger, A., Stein, K., Winikoff, B., Barahona, V., Casas, B. and Ramirez, F. (1997). Improving post-abortion care in a public hospital in Oaxaca, Mexico. *Reproductive Health Matters*, 9, 20-28.
- Lasee, A. and Becker, S. (1997). Husband-wife communication about family planning and contraceptive use in Kenya. *International Family Planning Perspectives*, 23(1), 15-20 and 33.
- Leslie, J. and Gupta, G. R. (1989). *Utilization of formal services for maternal nutrition and health care in the third world*. Washington D.C.: International Center for Research on Women.
- Love, M. B., Gardner, K. and Legion, V. (1997). Community health workers: Who they are and what they do. *Health Education Quarterly*, 24(4), 510-522.

- Magadi, M. and Curtis, S. (2003). Trends and determinants of contraceptive method choice in Kenya. *Studies in Family Planning*, 34(3), 149-159.
- McCauley, A. P., Robey, B., Blanc, A. K. and Geller, J. S. (1994). *Opportunities for women through reproductive choice*. Population Reports, Series No 12 Baltimore: John Hopkins School of Public Health
- Majupuria, I. (1996). *Nepalese women*. Pratunam, Bangkok: Tecpress Book Co. Ltd.
- McFarlane, J. and Fehir, J. (1994). De Madres a Madres: A community, primary health care program based on empowerment. *Health Education Quarterly*, 21(3), 381-394.
- McKenzie, J. F., and Smeltzer, J. L. (1997). *Planning, implementing and evaluating health promotion programs: A premier* (2nd ed.). Boston: Allyn and Bacon.
- McTaggart, R. (1991). Principles of participatory action research. *Adult Education Quarterly*, 41(3), 168-187.
- Mensch, B. S., Arends-Kuennings, M., Jain, A. and Garate, M. R. (1997). Avoiding unintended pregnancy in Peru: Does the quality of family planning services matter? *International Family Planning Perspectives*, 23 (1), 21-27.
- Minkler, M. and Wallerstein, N. (1997). Improving health through community organization and community building. In K. Glanz, F.M. Lewis and B.K. Rimer (Eds.), *Health behavior and health education: Theory, research and practice* (Pp. 241-269). San Francisco: Jossey-Bass Publishers.
- [MOH] Ministry of Health. (1991). *National health policy of his majesty's government of Nepal 1991*. Kathmandu, Nepal: Author.
- [MOH/DHS] Ministry of Health/ Department of Health Services (1999). *Nuwakot monthly monitoring & annual performance review worksheet 1998/99*, Kathmandu, Nepal: Author.

- [MPE] Ministry of Population and Environment. (1998). *Nepalko janasaankhiyako sthiti prativedan* (Nepal's population status report), Kathmandu, Nepal: Author.
- Niraula, B. B. (1994). Use of health services in hill village in central Nepal. *Health Transition Review*, 4,151-166.
- Niraula, B. B. and Morgan, P. (1995). Son and daughter preferences in Benighat, Nepal: Implications for fertility transition. *Social Biology*, 42(3-4), 256-273.
- [NPC] National Planning Commission (1998). *Approach to the ninth plan (1997-2002)*. Kathmandu: Author.
- [NIV] New Era, IIDS and VaRG. (1993). *Nepal fertility family planning and health survey 1991: Main report*, Kathmandu, Nepal: FP/MCH Division.
- Omondi-Odhiambo, (1997). Men's participation in family planning decisions in Kenya. *Population Studies*, 51(1), 29-40
- Ovrebø, B., Ryan, M., Jackson, K. and Hutchinson, K. (1994). The homeless prenatal program: A model for empowering homeless pregnant women. *Health Education Quarterly*, 21(2), 187-198.
- Phillips, J. E., Hossain, M. B., and Arend-Kuennig, M. (1996). The long term demographic role of community-based family planning in rural Bangladesh. *Studies in Family Planning*, 27(4), 204-219.
- Polit, D. F. and Hungler, B. P. (1995). *Nursing research: Principles and methods*. Philadelphia: J.B. Lippincott Company.
- Population Council (1997). *The gap between the reproductive intentions and behavior: A study of Panjabi men and women*. Islamabad: The Author.
- Pradhan, A., Aryal, R. H., Regmi, G., Ban, B. and Govindasamy, P. (1997). *Nepal family health survey: 1996*, Kathmandu, Nepal: Ministry of Health, Family Health Division.

- Purdey, A., Adhikari, G., Robinson, S. and Cox, P. (1994). Participatory health development in rural Nepal: Clarifying the process of community empowerment. *Health Education Quarterly*, 21(3), 329-343.
- Raetburn, L. and Rootman, I. (1998). *People-centered health promotion*. New York: John Wiley and Sons
- Rains, J. W. and Ray, D. W. (1995) Participatory action research for community health promotion. *Public Health Nursing*, 12(4), 256-261.
- Rajaretnam, T. and Deshpande, R. V. (1994). The effect of sex preference on contraceptive use and fertility in rural south India. *International Family Planning Perspectives*, 20(3), 88-95.
- Ramos, M. B. (Translator), (1998). *Paulo Freire's pedagogy of the oppressed*. New York: Continuum.
- RamaRao, S. and Mohanam, R. (2003). The quality of family planning programs: Concepts, measurements and effects. *Studies in Family Planning*, 34(4), 227-248.
- Ravindran, T. K. S. (1994). What do women want? *World Health* 3, 14-15.
- Razzaque, A. (1996). Reproductive preference in Matlab, Bangladesh: Levels, motivation and differentials. *Asia-Pacific Population Journal* 11(1), 25-44.
- Rietbergam- McCracken, J. and Narayan, D. (1998). *Participatory tools and technique: A resource kit for participatory and social assessment. Module II*, The World Bank: Social Policy Resettlement Division, Environment Department
- Robey, B., Ross, J. and Bhusan, I. (1996). Meeting unmet need: New strategies. *Population Reports, Series J*, No. 43, Baltimore: John Hopkins School of Public Health, Population Information Program.
- Rogers, E. S. and Palmer-Erbs, V. (1994). Participatory action research: Implications for research and evaluation in psychiatric rehabilitation. *Psychosocial Rehabilitation Research*, 18(2), 3-12.

- Ross, J. and Frankenberg, E. (1993). *Findings from two decades of family planning research*. New York: Population Council.
- Royston, E. and Armstrong, S. (1989). *Preventing maternal deaths*. Geneva: WHO.
- Sable, M. R. and Libbus, M. K. (1998). Beliefs concerning contraceptive acquisition and use among low-income women. *Journal of Health Care for the Poor and Underserved*, 9(3), 262-275.
- Sanchez, M. E. and Almeida, F. H. E. (1992). Synergistic development and participatory action research in a Nahuat community. *American Sociologist*, 23(4), 83-95.
- Sapkota, S. (1997). *Health of Nepal*. Biratnagar, Nepal: H. G. Prakshan
- Schoepf, B. G. (1993). AIDS action-research with women in Kinshasa, Zaira. *Social Science & Medicine*, 37(11), 14011-13.
- Schubert, M. (1996). Using participatory action research. *Roeper Review*, 18(3), 232-34.
- Schuler, S. R. and Goldstein, M. C. (1986). Family planning decision making from users and nonusers perspectives. *Studies in Family Planning*, 17(2), 66-77.
- Shah, N. M. Shah, M. A. and Radovanovic, Z. (1998). Patterns of desired fertility and contraceptive use in Kuwait. *International Family Planning Perspective*, 24(3), 133-138.
- Sharma, P. (1991). *Impact of fertility in maternal mortality*. Paper presented at the workshop on Maternal and Perinatal Health and Family Planning, NESOG & AOFOG, Kathmandu, Nepal.
- Sharma, H. B. and Gautam, R. P. (Eds.), (1999). *Nepal districts profile*. Kathmandu, Nepal: Nepal Research Associates.
- Shrestha, M. P. and Mulmi, S. L. (1997). *Health in Nepal: Realities and challenges*. Kathmandu, Nepal: Resource Center for Primary Health Care.

- Shrestha , A., Stoeckel, J. and Tuladhar, J. M. (1988) *Factors related to non-use of contraception among couples with an unmet need for FP in Nepal*. Kathmandu, Nepal: New Era.
- Simons-Morton, B. G. and Crump, A. D. (1996). Empowerment: The process and the outcome. *Health Education Quarterly*, 23(3), 290-92.
- Sirikulchayanonta, C. (1987). *A Study of the use of model mothers as family planning motivators in a Thai rural village*. Health Promotion Center, Region 1, Department of Health, Ministry of Public Health, Bangkok.
- Small, C. (1990). Planning social change: a misdirected vision. In Staudt, K. (Ed.). *Women, international development and politics: The bureaucratic mire* (pp. 265-288). Philadelphia: Temple University Press.
- Smith, S. E., Pynch, T. and Lizardi, A. O. (1993). Participatory action research for health. *World Health Forum*, 14, 319-324.
- Solomon, B., (1976). *Black empowerment*. New York: Columbia University Press.
- Soonthorndhada, A (1993). Community participation in family planning programs: Thailand's experience. In B.Yoddumnern-Attig, G. L. Attig, W. Boonchalaksi, K. Richter and A. Soonthorndhada (Eds.). *Qualitative methods for population and health research* (pp. 243-256) Salaya, Thailand: Institute of Population and Social Research, Mahidol University.
- Stanhope, M. and Lancaster, J. (1996). *Community health nursing: Promoting health of aggregates, families and individuals*. St. Louis: Mosby Co.
- Staples, L. H. (1990). Powerful ideas about empowerment. *Administration and Social Work*, 14(2), 29-42.
- Stein, J. (1997). *Empowerment and women's health: Theory, methods and practice*. London: Zed Books Ltd.

- Stephenson, P., Chalmers, B., Kirichenko, V. F., Repina, M. A. and Wagner, M., (1997). Reducing maternal mortality in St. Petersburg. *World Health Forum*, 18(2),189-193.
- Stewart, A. M. (1994), *Empowering people*. Singapore: Institute of Management, Pitman Publishing Co.
- Strecher, V. T and Rosenstock, I. M.(1997). The health belief model. In K. Glanz, F. M. Lewis and B. K. Remer, *Health behavior and health education: Theory, Research and practice* (pp. 41-59). San Franscisco: Jossey-Bass Publishers.
- Streiner, D. L. and Norman, G. R. (1995). *Health measurement scales: A practical guide to their development and use* (2nd Ed.) New York: Oxford University Press.
- Sullivan, J.M., Rutstein, S. O. and Bicego, G. T. (1994). *Infant and child mortality. DHS comparative studies*, No.15, Calverton, MD: Macro International Inc.
- Suyono,H., Hendrata, L. and Rohde, J.(1993). The family planning movement in Indonesia. In J. Rohde, M. Chatterjee & D. Morley. (Eds.). *Reaching health for all* (pp. 482-500). Delhi: Oxford University Press.
- Thapa, S. (1997). Unmet need for family planning in Nepal. *Population and Development Journal* (Special publication). Kathmandu: Ministry of Population and Environment (pp. 98-107).
- Thapa, S. (1991). *Role of family planning in child survival and maternal health*. Paper presented at the Workshop on Maternal and Perinatal Health and Family Planning, November 19-20, 1991, Kathmandu, Nepal.
- Thapa, G. B. and Waber, K. E. (1989). Population and environment in the hills of Nepal *Asia Pacific Population Journal*, 14(2), 49-70.
- Thapa, S. and Pandey, K. R. (1994). Family planning in Nepal : An update. *Journal of Nepal Medical Association*. 32(111), 131-143.

- Thapa, S., Thapa, P. J. and Shrestha, N. (1994). Abortion in Nepal: Emerging insights. *Journal of Nepal Medical Association*, 32(111), 175-190.
- Travers, K. D. (1997). Reducing inequalities through participatory research and community empowerment. *Health Education Behavior*, 24(3), 344-356.
- Ullah, M. S. and Chakraborty, N. (1993). Factors affecting the use of contraception in Bangladesh: A multivariate analysis. *Asia-Pacific Population Journal*, 8(3), 19-30.
- [UN] United Nations (1994). *Program of action of the 1994 international conference on population and development*. UN Document No. A/CONF, 171/13.
- UNDP. (1998). *Nepal: Human development report*. Kathmandu: Author.
- UNFPA (1998). *The state of the world's population: Press summary*. New York: Author, pp. 1-2.
- UNICEF. (1992). *Children and women of Nepal: A situational analysis*. Kathmandu, Nepal: Author.
- UNICEF/WHO/UNESCO/UNFPA. (1993). *Facts for life: A communication challenge*. Oxfordshire, UK: Author.
- [VRG] Valley Research Group (1997). *Assessment of female community health volunteer programme*. Kathmandu, Nepal: Family Health Division, Department of Health Services, Ministry of Health.
- Varusay, F. (1998). Challenges facing counselors. *People and Development Challenges: New Initiative for Reproductive Health*, 5 (10), 13-14.
- Vuthipongse, P. (1996). *Family planning programme in Thailand*, Department of Health, Ministry of Public Health.
- Wallerstein, N. (1992). Powerlessness, empowerment and health: Implications for health promotion programs. *American Journal of Health Promotion*. 6, 197-205.

- Wallerstein, N. and Bernstein, E. (1994) Introduction to community empowerment, participatory education and health. *Health Education Quarterly*, 21(2), 141-148.
- Wallerstein, N. and Bernstein, E. (1988). Empowerment education: Freire's idea adapted to health education. *Health Education Quarterly*, 15(4), 379-94.
- Walton, R. E. and Gaffney, M. E. (1991). Research, action and participation: The merchant shipping case. In W. F. Whyte (Ed.), *Participatory action research* (pp. 99-126). Newbury Park: Sage Publications.
- Wang, C. C., Vittinghoff, E., Hua, L. S., Yun, W.H. and Rong, Z. M. (1998) Reducing pregnancy and induced abortion rates in China: Family planning with husband's participation. *American Journal of Public Health*, 88(5), 646-648.
- Wedeen, L and Weiss, E. (1993). *Women's empowerment and reproductive health program: An evaluation paradigm*. Center for Population and Family Health, Columbia University, NY.
- Weeks, J. R. (1996). *Population: An introduction to concepts and issues* (5th ed.). Boston: Wadsworth Publishing Company.
- Weisberg, R. P. and Greenberg, M. T. (1998). Prevention science and collaborative community action research: combining the best for the both perspectives. *Journal of Mental Health*, 7(5), 479-493.
- Westoff, C. F. and Bankole, A. (1996). The potential demographic significance of unmet need. *International Family Planning Perspectives*, 22 (1), 16-20.
- Westoff, C. F. and Rodriguez, G. (1995). The mass media and family planning in Kenya. *International Family Planning Perspectives*, 21(1), 26-31 & 36.
- WHO. (1998). *Unsafe abortion: Global & regional estimate of incidence of and mortality due to unsafe abortion with a listing of available country data* (3rd Ed.), Geneva: WHO, Division of Reproductive Health.

- WHO. (1998a). Pregnancy is special: Let's make it safe. *WHO Safe Motherhood Newsletter*, 25(1), 4-9.
- WHO. (1997). *Declaration on health development in the South-East Asia region in the 21st century*. New Delhi: Author.
- WHO. (1995). *Improving access to quality care in family planning: Medical eligibility criteria for initiating and continuing use of contraceptive methods*. Geneva: WHO.
- WHO (1994). *Promotion of women's health in South-East Asia*, Information Kit.
- WHO. (1993). *The Health of young People: A Challenge and a Promise*, Geneva: Author.
- Whyte, W. F., Greenwood, D. J. and Lazes, P. (1991). Participatory action research: Through practice to science in social research. In W. F. Whyte (Ed.), *Participatory action research* (pp.19-55). Newbury Park: Sage Publishers.
- Wood, S. C. (1994). Infertility. In E. Q. Youngkin and M. S. Davis (Eds.) *Women's health: A primary care clinic guide* (pp. 161-202). Norwalk: Appleton & Lange.
- [WOREC] Women's Rehabilitation Center (1998). *Annual report 1997*. Kathmandu, Nepal: Author. pp. 35-39.
- World Education Inc. (1989). *Focus group discussion: Report on knowledge, attitude and practices of people towards birth spacing*. Submitted to PATH, Washington.
- www.who.hrp/progress/43//02/html. (1997). *Finding a focus for acceptability research*. HRP, WHO.
- Yoddumnern-Attig, B., Podhisita, C. and Vong-ek, P. (1993). Social network and contraceptive use pattern over the female life course. In B.Yoddumnern-Attig, G. A. Attig, W. Boonchalaksi, K. Richter, & G. A. Soonthornhdada, A. (Eds.). *Qualitative methods for population and health research* (pp. 257-269). Salaya, Thailand: Institute of Population and Social Research, Mahidol University.

Yount, K.M., Langsten, R. and Hill, K. (2000). The effect of gender preference on contraceptive use and fertility in rural Egypt. *Studies in Family Planning*, 31(4), 290-300.

Zandon, J. W. (1996). *Sociology: The core*. New York: McGraw Hill, Inc.

Zuravin, S. J. (1991). Unplanned childbearing and family size: Their relationship to child neglect and abuse. *Family Planning Perspective*, 23(4), 155-61.

APPENDICES

Appendix 2

Name List of FCHVs Participating in the Study

Name of FCHV.	Ward No
1. Anjana Shrestha	5
2. Asta Maya Lama	6
3. Brinda Lamichhane	3
4. Bhawani Gurung	9
5. Chandra Maya Lama	7
6. Ful Maya Lama	5
7. Geeta Darnal	4
8. Mana Maya Lama	6
9. Mithu Devi Shrestha	3
10. Pan maya Gurung	1
11. Papi Maya Rana	4
12. Ram Kumari Lama	5
13. Saili Maya Gurung	9
14. Sarita Manandhar	3
15. Sobha Gurung	9
16. Sunita Baral	8
17. Thuli Maya Lama	2

Appendix 3

Eligibility Criteria for Including the CMWRA in the Study

Direction:

The following criteria will be used by the interviewer to confirm the eligibility of the sample women before collecting pretest K A data from them. Please tick (✓) mark the appropriate box or supply the answer in the spaces provided.

Date of interview:

Interviewer:

Name of the VDC:

Ward no:

Head of the household

Name of the respondent:

Eligibility status of the respondent

1. Married and aged 15 years to 49 years:

Yes No (Exclude)

2. Currently resident of the VDC and not intending to migrate within 1 year time:

Yes No (Exclude)

3. Fertile (currently living with husband, non-menopausal and no hysterectomy operation done):

Yes No (Exclude)

4. Currently non-pregnant:

Yes No (Exclude)

5. Current non-users of modern methods of contraception:

Yes No (Exclude)

If the response to all above items are “yes”, she is eligible for the interview and take consent for interview

Appendix 4

FCHVs & CMWRAs Included in the Study

Ward No.	No. of households*	FCHVs included	CMWRA interviewed	
			Before intervention	After intervention
1	130	1	30	29
2	122	1	30	28
3	260	3	30	27
4	120	2	28	28
5	170	3	30	28
6	110	2	27	26
7	80	1	25	25
8	90	1	25	25
9	65	3	25	25
Total	1147	17	250	241

* Source: Election Commission, Voters' list, Kakani VDC, 1997

Appendix 5

Observation Guide for Community Resources

Purpose: To gain insight about the people of the community and their living environment and resources

Direction: Take a tour of the study VDC with a local person as a guide. Make a brief note of observation and information collected during the walk.

Name of the VDC:

Date of Observation visit:

1. Community type: Housing: scattered / compact
2. Family pattern:
 - Nuclear/ extended,
 - No. of children,
 - Education of sons & daughters
 - Marriage age for girls
3. Transportation to health post and district hospital:
 - Type of transport service:
 - Availability
 - Cost.
4. Distance to be traveled from the residential area to:
 - Field,
 - Firewood
 - Water sources
 - Health post,
 - Local health resources: health persons, clinics, pharmacy and type of medicine available including FP services
5. Condition of streets and pathways
6. Economic status of the people: house size, windows, roofing material, variations in houses etc
7. Environmental sanitation: latrine facilities, sewage disposal, household drainage
8. Source of drinking water: lake, river, shallow well, deep well, tap water etc
9. Grouping of houses by ethnic group/ religion/, economic status
10. Community interaction pattern: with insiders and outsiders
11. Major occupation of people
12. Women's work pattern, leisure time activities, gatherings

Appendix 6

Observation Guide for FP Services at the Primary Health Care Center

Purpose: The purpose of this guide is to assist in collection of a baseline information about the FP services in the PHCC

Name of the health facility:

Date of observation:

1. Location of HF at the VDC:
2. Distance of HF from each ward:
3. Staffing pattern of the HF
 - Male staff
 - Female staff:
4. Working hours:
5. FP services:
 - a) Counseling service:
 - b) Availability of FP and other supplies
 - c) FP service schedule- days & timing
 - d) FP service providers
 - e) Qualification or skills of the staff
 - f) Record keeping system for new & old cases
 - g) Management of side effects:
 - h) Referral system
 - i) Distance from district hospital
 - j) Transportation facility
 - k) Follow-up system for regular and drop out cases and referral cases
6. Relationship of HF with community health volunteers

Appendix 7

Focus Group Discussion with FCHVs: Guide for the Moderator

Purpose: The purpose of this guide is to gather information regarding the attitude of FCHVs towards volunteer job, their awareness about family planning (FP) and the FP services that they were providing to the community

Direction to the Moderator

The moderator will welcome the participants to the discussion session and explain them about the purpose of the session i.e. to gather information regarding their knowledge, attitude and services in the community related to FP. The moderator will also explain the following to the participating FCHVs:

1. There is no right or wrong answer. Both positive and negative ideas are welcomed.
2. I will appreciate if everyone participates in the discussion.
3. The obtained information will be used for the study purpose only and no individual identity will be revealed anywhere.
4. To facilitate in information collection, I would like to take your permission for using audio tape-recorder.
5. Please speak one at a time so that the tape recorder will record information clearly

Introduction

1. Introduce self
2. Ask each participant to introduce herself and to tell about her name, the duration of her service as community health volunteer and about the villages she was serving

FGD Guiding Questions

A. Regarding the Volunteer Job

1. Please tell me about your volunteer work.
 - Probe: How did you choose the volunteer work?
 - How do you provide volunteer service?
 - What would motivate you to continue working as a volunteer?
 - How do you like volunteer job?
 - How long do you think you would continue working as a community health volunteer?

B. Awareness about Family Planning (Contraception)

1. Please describe your beliefs regarding contraception

Probe: How do you value about having children?
What do you mean by family planning?
How many children should a couple have?

2. Please tell me about the different contraceptives you know about

Probe: What are the different contraceptive methods?
When should they be taken?
How frequently should they be taken?
How do they work in the body?
What can be done to increase their effectiveness?
What are the advantages of these methods?
What are the limitations of these methods?
What unwanted effects may these methods produce?

C. FP Education Related Activities

1. Please tell me about the FP related education you provide to the community

Probe: How did you contact women?
How did you give FP education to community?
Which methods of FP did you include in your teaching and why?
What did you tell them about these methods?
How did you teach them about FP methods?
What were the common concerns of women regarding FP?
How did you clarify their concern?
What problems did you face in educating women about FP?
How frequently did you give FP education to individuals or groups?

D. Referrals

1. Please tell us about the referrals that you made for FP

Probe: How did you make referrals?
When did you refer women usually?
Where did you refer women usually?
How frequently did you refer the client?
What criteria did you use to refer?
How frequently did you refer the clients for FP methods?

E. Distribution of FP Supplies

1. Please tell us about the FP methods you provided to the clients in the last 6 months time?

Probe: What did you look for before giving FP method?

How did you obtain FP supplies for distributing to the clients?

What kind of problem did you face in distributing FP methods to your clients?

F. Follow-up Care

1. Tell me about the follow-up visits you made to FP user women?

Probe: How many FP user women have you followed up in the last 6 months time

How did you make the follow-up of the FP user women?

What did you do in your follow up visit with the FP non-user women?

G. Recording and Reporting

1. I would like to know about your recording and reporting system.

Probe: Do you use any format to record your activities?

Whom do you report your activities?

How frequently do you report your activities?

H. Supervision and Other Aspects

1. Tell me about the supervision you received in performing your job.

Probe: Who supervises you in your work?

How is your activities supervised?

What kind of problem do you come across with?

How do you solve them?

2. I would like to know about your satisfaction with your volunteer job.

Probe: What constraints do you face in your job?

How satisfied are you with your job and why?

I. Closing

1. Any other suggestion or information would you like to share?
2. Thank you for giving your time and information to me

Appendix 8

Interview Questionnaire for Currently Married Women of Reproductive Age Group (CMWRAs)

Direction:

The purpose of this questionnaire is to find out the practice, knowledge & attitude of CMWRAs about contraception before and after an educational intervention. The interviewer will explain the purpose of the study and verbal consent will be sought from the CMWRAs before interviewing them. They will also be assured of the confidentiality of the information. The interviewer is expected to tick (✓) mark the respondent's answer in the right column or write down the answer in the spaces provided. Before leaving the respondent's home, the interviewer will check the filled questionnaire for completeness and consistency of answers obtained.

Identification Data

Ward No:	Village:
House No:	Date of interview:
Head of the household:	Name of the respondent:
Name of respondent's husband:	

Note: Section I, II & III will be used in the pretest only, section IV in the posttest only and section V, VI & VII will be used during pretest as well as posttest

Section I: CMWRAs' Bio-Data (For Pretest only)

First of all, I would like to ask you some questions about you and your husband

1. How old are you?

Age in completed years _____

1.1 Which month & year were you born?

Month _____ Year _____

1.2. If the respondent can not tell her age, estimate her age

Estimated age _____

Section IV: Contraceptive Current Use Status (For Posttest only)

Now I will ask you few questions related to your use of contraceptive. Your true response will be valuable in reaching a right conclusion.

1. Are you or your husband currently using a method of contraception?
 - 1) No, why? _____ (Skip to next section)
 - 2) Yes, why? _____
2. Which method are you/ your husband using currently?

1) Condom	2) Pills	3) Depo provera
4) Norplant	5) IUD	6) Male sterilization
7) Female sterilization	8) Others _____	
3. Who decided to use this method?

1) Self	2) Husband
3) Female community health volunteer	4) Health worker
5) Others (specify).....	
4. How long have you/ your husband been using it?

Duration _____
5. What precautions are you taking while using this method?

1)	2)
3)	4)
6. What are the reasons for selecting this method?

1) Easy to use	2) Easy to obtain
3) Others (specify) _____	
7. From where did you obtain this contraceptive?

1) FCHV	2) Health facility
3) Retail shop	4) Others (specify) _____
8. Did you experience any adverse change in your health after using this method?
 - 1) Yes, Explain _____
 - 2) No
9. Did you face any problem in your marital relation after using this method?
 - 1) Yes, Explain _____
 - 2) No

10. Did you experience any change in your day to day activities after using this method?
- 1) Yes, Explain _____
 - 2) No
11. If yes, have you taken any assistance?
- 1) Yes, (Explain from whom, what sort of assistance, time & cost involved etc)

 - 2) No
12. What kind of assistance do you need now?
- 1) None
 - 2) Kind of assistance needed _____
13. Considering all above factors, what would you like to do with this method?
- 1) Continue
 - 2) Change to other method
 - 3) Others (specify) _____
Why? _____
14. Would you like to recommend this method to other women?
- 1) No Why? _____
 - 2) Yes Why? _____

Section V: Knowledge Items (For Pretest & Posttest)

V.1: Knowledge Items on Contraception

Now I will ask you some questions related to contraception:

1. There are various methods of contraception a couple can use. Which of those methods have you heard of?
 - 1) Condom
 - 2) Pills
 - 3) Depo provera (3 months injectable)
 - 4) Norplant (5 years method)
 - 5) IUD (10 years method)
 - 6) Sterilization operation
 - 7) Others (specify) _____

(If none, skip to Section III)
2. From where did you get information about these methods?
 - 1) Health personnel
 - 2) FCHV
 - 3) Friends/neighbor
 - 4) Husband
 - 5) Radio / TV
 - 6) Others (specify) _____

3. From where can these methods be obtained?

1) HP/ SHP

2) FCHV

3) Retail shop

4) Others (specify) _____

V.2: Specific Contraceptive Related Knowledge Items (For Pretest & Posttest)

Now I will read some statements related to contraceptives. If you think the statement is correct please answer "True" and if you think the statement is wrong please answer "False"

S. No.	Knowledge	Responses		
		T	F	Others
1	Pills should be taken daily			
2	Pills can be taken in any sequence from the packet*			
3	Women using pills can have a feeling of nausea during the initial months			
4	Depo is taken in every three months interval			
5	Depo is started within 7 days after the onset of menstruation.			
6	Depo should be avoided by breast feeding mother*			
7	Norplant is inserted inside the skin in the arm			
8	One time insertion of norplant can prevent pregnancy up to 5 years			
9	A woman using norplant can continue her activities as before			
10	IUD is inserted into the uterus			
11	After each menstruation the woman should check for the presence of IUD thread in place			
12	IUD may increase menstrual flow during the initial months			
13	Condom is a temporary method of contraception for men			
14	Condom prevents sperms from entering into the vagina			
15	Condoms are reusable*			
16	Laproscopy is a permanent method of FP for women			
17	In laproscopy, tubes that carry egg cell to the uterus are cut.			
18	Vasectomy is a permanent method of FP for men			
19	In vasectomy the sperm carrying tubes are cut.			
20	Following sterilization operation a man or woman can work as before.			

Note: Items with * sign means false items

Section VI: Attitude Items (For Pretest & Posttest)

Below are few items to reveal your attitude towards contraceptives. I read them one by one and please indicate whether you strongly agree (SA), agree (A), disagree (DA) or strongly disagree (SDA) to each of them.

S. No	Items	SA	A	DA	SDA	Others
1	A woman should continue bearing children until she has a son*					
2	Contraceptive methods should be used only after a couple achieves the desired family size*					
3	Discussing with others about contraception is embarrassing*					
4	Women who do not use contraceptives may become pregnant unintentionally					
5	Access to contraceptive service is a problem to my community					
6	Irregular bleeding is a major threat to women in my community in using contraceptive*					
7	As long as breast-feeding is continued a woman need not worry about pregnancy at all*					
8	A woman should not use a contraceptive without the consent of her husband *					
9	Having too many children is an economic burden to the family.					
10	Avoiding pregnancy is sinful act*					
11	Birth spacing enables parents to care for their children better					
12	Couples with fewer children have more chance of having happy lives.					
13	Abortion is an easy method of getting rid of unintended pregnancies*					
14	Use of contraceptive can improve understanding between the husband and wife.					
15	Birth spacing promotes the health and well being of the mother and children					

Note: Items with * sign indicate negative items

Section VII.1: CMWRAs' Consultation with FCHV (For Pretest & Posttest)

1. During the last 6 months time, did you consult with FCHV about FP?
 - 1) Yes (How many times?)_____ 2) No (Omit the rest questions)
2. In which topic did you discuss with her in your last FP consultation about?

3. Who initiated the discussion?
_____ Self _____ FCHV
4. How long did you have the consultation?
_____ Hour _____ Minute
5. What was your purpose of that consultation with her?
6. Did you receive the information that you desired to obtain from her?
 - 1) Yes
 - 2) No, why? _____

Section VII.2: Satisfaction of CMWRAs with the Consultation with FCHVs

1. Was FCHV easily accessible?

No Yes
2. Did she give you adequate time for consultation?

No Yes
3. Did you feel free to express your problems or concerns to her?

No Yes
4. Did you receive adequate information on FP from her?

No Yes

Appendix 9

Interview Questionnaire for CMWRA (Nepali Version)

पृष्ठ संख्या

ग्रामिण महिलालाई शुरूको र पछिको अन्तर्वार्तामा सोधिने प्रश्नावली

निर्देशन :

यो प्रश्नावलीको उद्देश्य १५ देखि ४९ वर्ष सम्मका हाल शुरूको गर्भ निरोधका साधन प्रयोग गनगरेका ग्रामिण विवाहित महिलाको गर्भ निरोध बारेको ज्ञान र अबधारणाको जानकारी लिनु हो। अध्ययनको लागि छानिएका हरेक महिलालाई अन्तर्वार्ता लिनु अघि अध्ययनको उद्देश्य तथा उनीहरूको स्तुभांगिता र प्राप्त जानकारीको गोपनीयताबारे बताउनु पर्नेछ र उनीहरूको मौखिक अनुमति लिएर मात्र प्रश्नहरू सोध्नु पर्नेछ। प्रश्नकर्ताले हरेक प्रश्नको उत्तर सही को ठामा (√) चिन्ह लगाई वा खाली ठाउँमा उत्तर लेखि भर्नु पर्नेछ। प्रश्नावली भरी सकेपछि उत्तर ठीकसग भरे नभरेको दोहो स्यायर हेर्नु पर्नेछ। प्रश्न सोध्दा खण्ड १, २ र ३ शुरूको अन्तर्वार्तामा मात्र सोध्नु पर्नेछ, खण्ड ४ पछिको अन्तर्वार्तामा मात्र सोध्नु पर्नेछ र खण्ड ५, ६ र ७ शुरूको र पछिको दुबै अन्तर्वार्तामा श सोध्नु पर्नेछ।

गा वि स. :

वडा नं. :

गाउँ :

घर नं. :

अन्तर्वार्ताको मिति :

प्रश्नकर्ताको नाम :

घरमुलीको नाम :

महिलाको नाम :

महिलाको श्रीमानको नाम :

खण्ड १ : महिलाको व्यक्तिगत विवरण

सर्वप्रथम, म तपाईं र तपाईंको श्रीमानको व्यक्तिगत विवरण बारे केही प्रश्न सोध्न चाहन्छु।

१. तपाईंको उमेर कति पुग्यो ?

१.१ तपाईं कुन साल र महिनामा जन्मनु भएको थियो ?

साल..... महिना.....

१.२ (यदि महिलाले आफ्नो उमेर बताउन सकिनन् भने) उनको अनुमानित उमेर लेख्नु हो सा

अनुमानित उमेर

२. तपाईंको जाती कुन हो ?

३. तपाईं कति लेखपढ जान्नु हुन्छ?

(१) छैन

(२) प्राथमिक (४ कक्षा सम्म)

(३) माध्यमिक (५ देखि १० कक्षा सम्म)

(४) कलेजस्तर वा माथि

४. तपाईं आय आर्जन हुने कुन पेशा (काम) मा लाग्नु भएको छ?

पेशा उल्लेख गर्ने.....

५. तपाईंको परिवारमा तपाईंको श्रीमान र छोरा छोरीबाहेक अरु को को हुनु हुन्छ?
 (१) सासु ससुरा (२) जेठाजु जेठानी, देवर देउरानी, नन्द आमाजु
 (३) अन्य भए उल्लेख गर्ने.....
६. तपाईंको श्रीमानले कति लेखपढ जान्नु हुन्छ?
 (१) छैन (२) प्राथमिक (४ कक्षा सम्म)
 (३) माध्यमिक (५ देखि १० कक्षा सम्म) (४) कलेजस्तर वा माथि
७. उहाँको मुख्य पेशा के हो?
 (१) घरकाज (२) खेती (३) ज्यालादारी
 (४) उद्योग व्यापार (५) नाँ करी (६) अन्य भए उल्लेख गर्ने.....

खण्ड २: महिलाको प्रजनन बारेको विवरण

अब म तपाईंको गर्भ र बालबच्चाबारे केही प्रश्न साोधन चाहन्छु।

१. पहिलो (बिवाह हुँदा तपाईंको उमेर कति पुगेको थियो ?
 (१) उमेर (वर्षमा)..... (२) थाहा छैन।
२. पहिलो गर्भ रहँदा तपाईं कति वर्ष पुग्नु भएको थियो ?
 (१) उमेर (वर्षमा)..... (२) गर्भवती नभएको प्रश्न न.द; मा जाने)
३. अहिलेसम्म कति पटक गर्भवती हुनु भयो ?
 गर्भ सख्या.....
४. अनि अहिलेसम्म जम्मा कतिवटा बच्चा जन्माउनु भयो ?
 बच्चा सख्या.....
५. तपाईंको अहिले कतिजना छोराछोरी छन्?
 (१) छोरा सख्या
 (२) छोरी सख्या
६. तपाईंको सबैभन्दा सानो बच्चाको उमेर कति पुग्यो ?
 उमेर (वर्षमा)
७. तपाईंको बालबच्चाको स्नाहार बारे धेरैजसो कसले निर्णय गर्नु हुन्छ?
 (१) आफै ले (२) श्रीमानले
 (३) दुबैले (४) अन्य भए उल्लेख गर्ने
८. तपाईंको आफ्नो स्वास्थ्य स्नाहार बारे धेरैजसो कसले निर्णय गर्नु हुन्छ?
 (१) आफै ले (२) श्रीमानले
 (३) दुबैले (४) अन्य भए उल्लेख गर्ने
९. यदि तपाईंको आफ्नै बशको कुरा भएको भए तपाईं कतिवटा बच्चा पाउनु हुन्थ्यो होला?
 इच्छा/इएको बच्चा सख्या.....

खण्ड ३: गर्भ निरोधको सधनको पहिलेको प्रयोगबारे

१. स्वास्थ्यकेन्द्र पुग्नु तपाईंलाई कति बेर हिड्नु पर्छ?

२. तपाईं वा तपाईंको श्रीमानले पहिले गर्भ निरोधको कुनै साधन प्रयोग गर्नु भएको थियो ?
 (१) थिएन (प्रश्न नं. ६ मा जाने) (२) थियो
३. कुन साधन प्रयोग गर्नु भएको थियो ?
 साधनको नाम.....
४. साधन प्रयोग गर्न कसले निर्णय गर्नु भएको थियो ?
 (१) आफैले (२) श्रीमानले
 (३) दुवैले (४) अन्य भए उल्लेख गर्ने.....
५. साधन छोड्नाको कारण के थियो ?
 कारण.....
६. हाल कुनै साधन नअपनाउनुको कारण के हो ?

खण्ड ४: गर्भ निरोध साधनको हालको प्रयोगबारे

अब म तपाईंलाई गर्भ निरोधको साधनको हालको प्रयोगबारे केही प्रश्नहरू सोध्छु ।

१. हाल तपाईं वा तपाईंको श्रीमानले गर्भ निरोधको कुनै साधन वा तरीका अपनाउनु भएको छु ?
 (१) छ कारण.....
 (२) छैन कारण..... (अर्को खण्डमा जाने)
२. हाल कुन साधन अपनाई रहनु भएको छु ?
 (१) ढाल (२) खाने चक्की (३) डिपो
 (४) नरल्यान्ट (५) लुप (६) पुरुषले गर्ने बन्ध्याकरण
 (७) महिलांले गर्ने बन्ध्याकरण (८) अन्य कुनै भए उल्लेख गर्ने.....
३. यो साधन प्रयोग गर्ने निर्णय कसले लिएको हो ?
 (१) आफैले (२) श्रीमानले
 (३) महिला स्वास्थ्य स्वयं सेविकाले (४) स्वास्थ्य कार्यकर्ताले
 (५) अन्य कुनै भए उल्लेख गर्ने.....
४. यो साधन कहिले देखि प्रयोग गर्नु भएको ? महिना
५. यो साधनको असर सफल हो स भनेर तपाईंले के कस्तो सबधानी लिनु भयो ?
 (१) (२)
 (३) (४)
६. यो साधन छान्नुको कारण के थियो ?
 (१) प्रयोग गर्न सजिलो (२) साधन सजिलैसित पाउने
 (३) अन्य कुनै भए उल्लेख गर्ने
७. पछिल्लो पल्ट यो साधन कहाँबाट लिनु भयो ?
 (१) महिला स्वास्थ्य स्वयं सेविका (२) स्वास्थ्य केन्द्र
 (३) औषधि पसल (४) अन्य भए उल्लेख गर्ने.....
८. यो साधनको प्रयोगले तपाईंको आफ्नो स्वास्थ्यमा कुनै असर पर्यो ?
 (१) पर्यो भने के असर
 (२) परेन
९. यो साधनको प्रयोगले तपाईंको बैज्ञानिक सम्बन्धमा कुनै फरक आयो ?
 (१) आयो भने कस्तो फरक आयो ?

१०. यां सधनको प्रयोगले तपाईंको वैनक कियाकलापमा कुनै असर पर्यो ?
 (१) पर्यो, भने बताउनु हो स
 (२) परेन
११. यदि असर परेको भए यां सधनको प्रयोगले परेको असरलाई हटाउन तपाईंले कसैसंग कुनै मद्दत लिनु भयो ?
 (१) भयो भने कसबाट मद्दत लिनु भयो ?
 कस्तो मद्दत पाउनु भयो ?
 मद्दत पाउन लागेको समय
 मद्दत पाउन लागेको खर्च
- (२) भएन
१२. अब तपाईंलाई कुनै मद्दत आवश्यक छ ?
 (१) छ भने कस्तो किसिमको मद्दत?.....
 (२) छैन
१३. यां सधनको प्रभावलाई ध्यानमा राख्दा यां सधनको प्रयोगबारे तपाईंको निर्णय के छ ?
 (१) यहि साधन प्रयोग गरि रहने कारण.....
 (२) अर्को सधन प्रयोग गर्ने कारण.....
 (३) अन्य भए उल्लेख गर्ने
१४. के तपाईं यां सधन प्रयोग गर्न अरु महिलालाई सल्लाह दिनु हुन्छ ?
 (१) हुन्छ किन ?
 (२) हुदैन किन ?

खण्ड ५.१ : गर्भ निरोधबारेको ज्ञान

अब म गर्भ निरोधक साधनहरू (परिवार नियोजन) बारे केही प्रश्न सोध्न चाहन्छु।

१. गर्भ निरोधका विभिन्न साधनहरू मध्य तपाईंलाई थाहा भएको साधनहरूको नाम बताउनु हो स ?
 (१) ढाल (२) चक्की
 (३) डिपो (४) नरल्पान्ट
 (५) आइ यु डी (६) पुरुष बन्ध्याकरण
 (७) महिला बन्ध्याकरण (७) अन्य भए उल्लेख गर्ने.....
२. यां साधनबारे कसबाट थाहा पाउनु भयो ?
 (१) स्वास्थ्य कार्यकर्ता (२) महिला स्वास्थ्य स्वयम् सेविका
 (३) सार्थी वा छिमेकी (४) श्रीमान
 (५) रेडियो वा टिभि (६) अन्य भए उल्लेख गर्ने.....
३. यां साधन कहाँकहाँबाट पाउन सकिन्छ ? (एकभन्दा बढी उत्तर आउन सक्ने)
 (१) स्वास्थ्यचौकी (२) महिला स्वास्थ्य स्वयम् सेविका
 (३) औपार्थ पसल (४) अन्य भए उल्लेख गर्ने.....

खण्ड ५.२ : गर्भ निरोधक साधनको ज्ञान

४ अब म गर्भ निरोधकको साधनबारे केही विवरण पढ्छु र ती विवरण तपाईंलाई ठीक वा वेठीक कस्तो लाग्छ भन्नु होस्।

सि. न.	गर्भ निरोधकबारेको ज्ञान	ठीक	वेठीक	अन्य
१	पिल्स दिनदिने खान् पछि।			
२	पाकेटबाट पिल्स जहाँबाट निकालेर खाए पनि हुन्छ।			
३	पिल्स खाए पछि शुरुशुरुमा वाकवाकी लाग्न सक्छ।			
४	डिपों हरेक तीन तीन महिनामा लिइन्छ।			
५	डिपों महिनावारी भएकै ७ दिन भित्र शुरू गर्नु पर्छ।			
६	दुध खुवाउने महिलाले डिपों लिनु हुन्छ।			
७	नरल्यान्ट पाखुराको छाला भित्र राखिन्छ।			
८	नरल्यान्ट एकपल्ट राखे पछि ५ वर्षसम्म गर्भ रहदैन।			
९	नरल्यान्ट लगाएको महिलाले पहिले जस्तै आफ्ना काम गर्न सक्छिन्।			
१०	लूप महिलाको पाठेघरभित्र राखिन्छ।			
११	प्रत्येक पल्ट महिनावारी सकिए पछि लूपको धागा आफ्नो ठाउँमा छ कि छैन छामेर हेर्नु पर्छ।			
१२	लूप लगाए पछि शुरूको महिनावारीमा बढी रगत जान सक्छ।			
१३	ढाल पुरुषले प्रयोग गर्ने गर्भ निरोधक अस्थायी साधन हो।			
१४	ढालले पुरुषको शुक्रकीटलाई योनीमा जानबाट रोक्छ।			
१५	एक पल्ट प्रयोग भैसकेको ढाल पुनः प्रयोग गर्न हुन्छ।			
१६	भ्यासेक्टोमी पुरुषले गर्ने गर्भ निरोधकलाई तर्का हो।			
१७	भ्यासेक्टोमी अपरेशनमा अण्डकोषको नलीलाई काटिन्छ।			
१८	ल्याप्रोस्कोपी महिलाले गर्ने गर्भ निरोधकलाई तर्का हो।			
१९	ल्याप्रोस्कोपी अपरेशनमा पाठेघरसँग जोडिएको नलीलाई काटिन्छ।			
२०	बन्ध्याकरण अपरेशन पछि पुरुष वा महिलाले आफ्नो दैनिक काम पहिलेको जस्तै गर्न सक्छन्।			

खण्ड ६ : गर्भ निरोधबारेको अवधारणा

निम्न अवधान्णावारे तपाईं कतिसम्म सहमत हुनुहुन्छ भन्ने कुरा एकदम सहमत, सहमत, असहमत वा एकदम असहमत भनि व्यक्त गर्नु होला।

गर्भ निरोधबारेको भनाइ	एकदम सहमत	सहमत	असहमत	एकदम असहमत	अन्य
१. एउटा छोरा नहुन्जेल सम्म महिलाले बच्चा पाइ राख्नुपर्छ।					
२. गर्भ निरोधको साधन बच्चा पाउने पुगिसके पछि मात्र प्रयोग गर्नुपर्छ।					
३. गर्भ निरोधबारे अरुसग छलफल गर्नु असजिलो हुन्छ।					
४. गर्भ निरोधको साधन प्रयोग गर्नाले महिला नचाहेको गर्भवती हुन सकिन्छ।					
५. तपाईंको गाउँमा परिवार नियोजन गर्न इच्छुकहरूलाई साँझ प्राप्त गर्न कठिन छ।					
६. महिनावारीमा अनियमितता आउने डरले गाउँमा महिलाहरूले गर्भ निरोधको साधन प्रयोग गर्दैनन्।					
७. बच्चालाई दुध खुवाउन्जेल अर्को गर्भ रहला भनेर डराउनु पर्दैन।					
८. श्रीमानको स्तनपान बिना गर्भ निरोधको साधन प्रयोग गर्नु हुँदैन।					
९. बालबच्चा धेरै भएका आमाबाबुले बढी आर्थिक भार व्यहोर्नु पर्छ।					
१०. गर्भ रहनबाट रोक्नाले आमाबाबुलाई पाप लाग्छ।					
११. परिवार नियोजन गर्ने आमाबाबुले आफ्नो बालबच्चाको स्वास्थ्य राम्ररी गर्न सक्छन्।					
१२. थोरै बच्चा पाउने दम्पतीको जीवन सुखी हुने सम्भावना बढी हुन्छ।					
१३. गर्भपतन आफुले नचाहेको गर्भबाट छुटकारा पाउने एउटा सजिलो उपाय हो।					
१४. गर्भ निरोधक साधनको प्रयोगले श्रीमान श्रीमतीको विचमा समझदारी बढाउन सक्छ।					
१५. दुईवटा बच्चाको विचको लामोअन्तरले परिवारको स्वास्थ्य राम्रो रहन मद्दत गर्न सक्छ।					

खण्ड ७.१ : महिला स्वास्थ्य स्वयंसेविका सगको छलफल बारे

महिला स्वास्थ्य स्वयंसेविकाले प्रदान गरेका परिवार नियोजनको स्नाप्रति तपाईं कति सन्तुष्ट हुनु हुन्छ भन्ने जान्न अब म केही प्रश्न सोध्नेछु।

१. गएको ६ महिना भित्र तपाईंले आफनो गाउँको महिला स्वास्थ्य स्वयंसेविकासग गर्भ निरोध (परिवार नियोजन) बारे छलफल गर्नु भयो ?

(१) भयो भयो भन कति पटक?

(२) भएन (भएन भने कारण..... र बाकी प्रश्न नसोध्ने)

२. नीजसगको पछिल्लो भेटघाटमागर्भ निरोधको कुन बिषयमा छलफल गर्नु भयो ?

३. छलफल कसले शुरु गर्नु भएको थियो ? आफुले स्वयंसेविकाले

४. कति बेर सम्म छलफल गर्नु भयो ? घन्टा मिनेट.

५. छलफल किन गर्नु भएको ?

६. उक्त छलफलबाट गर्भ निरोधबारे तपाईंले चाहेको जानकारी पाउनु भयो ?

(१) भयो

(२) भएन भने कारण

खण्ड ७.२ : महिला स्वास्थ्य स्वयंसेविकाले प्रदान गरेको गर्भ निरोधबारेको स्नाको सन्तुष्टि

७. महिला स्वास्थ्य स्वयं सेविकासग भेट्न तपाईंलाई सजिलो छ?

(१) छ

(२) छैन

८. परिवार नियोजनबारे छलफल गर्न निजले पर्याप्त समय दिनु भयो ?

(१) भयो

(२) भएन

९. परिवार नियोजनबारे सरसल्लाह लिदा तपाइले नीजसग प्रश्न सोध्ने वा मनको कुरा खोल्न माँका पाउनु भयो ?

(१) भयो

(२) भएन

१०. निजबाट परिवार नियोजनबारे तपाइले पर्याप्त जानकारी पाउनु भयो ?

(१) भयो




(२) भएन




दृष्टव्य

प्रश्नावली भरी सकेपछि एकपल्ट रुजु गरेर महिलालाई धन्यवाद दिई अन्तर्वार्ता तुरयाउनु हो सा

Appendix 10

Record Keeping form for FCHVs (Nepali Version)

गतिविधिहरू	साउन	भाद्र	आश्विन	कार्तिक	मार्ग	पौष	माघ	फागुन	चैत्र	बैशाख	जेष्ठ	असार
<p>बामा समूहको बैठक बसेको पटक →</p> 												
<p>परिवार नियोजनबाट शिक्षा दिएको पटक →</p> 												
<p>रेफर गरेको</p>  <p style="text-align: right;">जना →</p>												

गतिविधिहरू	साउन	भाद्र	आश्विन	कार्तिक	मार्ग	पौष	माघ	फागुन	चैत्र	वैशाख	जेष्ठ	असार
<p>खाने चढाई वितरण गरेको जना →</p> 												
<p>कण्डम वितरण गरेको जना →</p> 												
<p>व्यक्तिगत अनुगमन गरेको जना →</p> 												

Appendix 12

Approval Letter from Nepal Health Research Council



Nepal Health Research Council

Estd: 1991

NHRC

Date :

Ref. 2006

Executive Committee

Chairman

Prof. Gopal Prasad Acharya

Vice-Chairman

Member-Secretary

Dr. Kamal Gyawali

Members

Prof. Sanu Maiya Dali

Dr. Rishi Ram Koirala

Dr. Madhu Ghimire

Dr. Ram Kewal Shah

Representative

Ministry of Finance

National Planning Commission

Ministry of Health

Chief, Research Committee, IOM

Chairman, Nepal Medical Council

April 24, 2000.

Ms. Sarala Shrestha
Associate Professor
Nursing Campus
Institute of Medicine
Maharajgunj, Kathmandu.

Tel; 411723

Subject: Approval of the research proposal entitled "The process and outcome of empowerment of female community health volunteers in regards to contraceptive acceptance among the rural women of reproductive age group in Nepal. "

Dear Ms. Shrestha :

We are pleased to inform you that the above mentioned proposal submitted by you has been approved by NHRC board on the date April 7,2000 , following the recommendation of the Technical Review Committee (TRC) and Ethical Review Committee (ERC). This also certifies that the proposal is ethically cleared.


As per NHRC regulation you are to follow strictly the protocol stipulated in your proposal finalized after the interaction of TRC and ERC with you. Any change in objectives (s), problem statement, research question or hypothesis, methodology, implementation procedure, data management and budget that may be necessary in course of the implementation of the research proposal can only be made so and implemented after prior approval from this council. You are thus strongly advised to submit to NHRC the details of such changes intended or desired with justification prior to instituting actual change.

You are also to abide by the ethical guidelines of NHRC strictly during the implementation of your research proposal. In addition, in course of investigation of any medical health problem needing immediate care, further investigation, or expert consultation you are obliged to inform the subject-study or control clearly in writing from within seven days of detection. However, during the transmission of such information confidentially must be maintained.

Lastly, you are obliged to submit periodic progress reports every 3 months and submit three copies of the final research report, and financial statement after completion of the research. If an article based upon that research is published, you should submit two copies of that article. If you have any question, please contact our research officers.

Thank you.

Yours truly,


Dr. Kamal Gyawali
Member-Secretary

Appendix 13

(a)

Permission Letter from Central Regional Health Directorate for Conducting the Study in Nuwakot District



सो १ को कार्यालय
स्वास्थ्य मन्त्रालय

स्वास्थ्य सेवा विभाग

मध्यमाञ्चल क्षेत्रीय स्वास्थ्य सेवा निर्देशनालय

{ २१२६२६
२२२६२२

पत्र संख्या :- २०५ ३/२०

पत्र संख्या र मिति :- ११/०८

हरिहर भवन ललितपुर, नेपाल
मिति २०७६।६।२८

विषय :- सहयोग गराउने

का जिल्ला स्वास्थ्य कार्यालय
नुवाकोट ।

उपरोक्त विषयमा नर्सेडि० आम्बेडगे महाराजगंजा सह-प्राध्यापक सरला श्रेष्ठले थाइलेण्डको बैंक स्थान कलेज अफ पब्लिक हेल्थ बुलाउनुमा पुनःभर्तीटा अनुसरणमा पा. र. व. डा. अध्ययनको सफलता तथा जिल्लाका गा. वि. स. हरना निम्नविषयको अनुसन्धान अध्ययन गर्नको लागि त्यस कार्यको सहयोग दिताई पाठ्य मना यस निर्देशनालयमा पत्रवेदन गर्नु परकोले उहाँलाई सो सम्बन्धमा आदेशक सहयोग गराउनु हुन अनुरोध गर्दछु ।

दिनांक

श्रीलक्ष्मी पाण्डे
२०७६/३/२०
ति. क्षेत्रीय निर्देशक

"process and outcome of empowerment of female community health volunteers in regards to increasing contraceptive acceptance among the rural women in Nepal"

(b)

Permission Letter from Nuwakot District Health Office

For conducting the Study in Kakani VDC



श्री १०७० सरकार
स्वास्थ्य मन्त्रालय
स्वास्थ्य सेवा विभाग
मध्यमाञ्चल क्षेत्रीय स्वास्थ्य सेवा निर्देशनालय
जिल्ला स्वास्थ्य कार्यालय
नुवाकोट

गत्र संख्या :- ०५६/२७

चलानी नं. :- १०२२

बाघटार, नुवाकोट

फोन : ०१०-६०२३१

०१०-६०१८८

फ्याक्स: ०१०-६०२३१

२०५६।१०।१३

विषय: आवश्यक सहयोग गरी दिने बारे ।

श्री कुकुली..... प्रा०स्वा०के०/हे०पो०/सव हे०पो०
नुवाकोट ।

उपर्युक्त सम्बन्धमा चि०शा० अ० सन्धान, नर्सिङ क्याम्पस महाजगजको सह-
प्राध्यापक श्रीमती सरला श्रेष्ठलाई पि०एच०डी०अध्ययनको सिलसिलामा **Process and
outcome of empowerment of female community health volunteers in
regards to increasing contraceptive acceptance among rural women
of reproductive age group** विषयको अध्ययन गर्न त्यस संस्था अन्तर्गतको
कुकुली..... गा०वि०स०मा गर्नको लागि निजलाई आवश्यक सहयोग गरी दिनु हुन
जानकारी गराइन्छ ।

नि. प्रमुख
०५६।१०।१३
जिल्ला स्वास्थ्य कार्यालय नुवाकोट

Appendix 14

Orientation Training for Research Assistants for KAP Data Collection from CMWRA

Duration: 3 days

General objective: To prepare research assistants to assist in data collection

Specific Objectives: To enable the research assistants to:

1. State the purpose of the study
2. Demonstrate the technique of approaching the CMWRAs
3. Identify the criteria for selection of the CMWRAs
4. List the qualities of an interviewer
5. Demonstrate the technique of data collection

Program

Day 1	Introduction to the study	Researcher
	Sampling process	Researcher
	Qualities of an interviewer	Researcher
Day 2	Technique of data collection	Researcher
	Use of instrument	Researcher
	Role play	Participants
Day 3	Field visit for practice on data collection	Participants
	Feedback on data collection	Researcher

Appendix 15

Empowerment Training Programme for FCHVs

Empowerment training program is aimed at empowering FCHVs so as to empower CMWRAs in controlling their fertility through use of contraceptives

a) At Core-Group Level

Venue: Kakani Primary Health Care Center

Dates: 1-7 May, 2000

Date & Time	Objective	Activity
1/5/2000, 1100-11:30	To introduce the group to the program	Introduction to the program: What the program is about? Who are we? What do we believe? Why are we here? How can we work together?
	To introduce the facilitator {researcher} and participants (FCHVs) to each other	Introduction of participants and facilitator through a game
11:30-14:00	To assist the participants to visualize the families under their care	Draw the map of the wards & indicate the households under their care: Presentation and discussion
14:00-14:30	-	Tea break
14:30-16:00	To identify the routine activities of the participants in their communities	Recall the routine activities carried out by FCHVs in the previous 1 week period & proportion of time spent on these activities: Presentation & feedback, Consensus building on the FP activities they could carry out
2/5/2000 11:00-11:30		Review of previous days activities
11:30-12:30	To determine what the participants understand by ideal age for childbearing, ideal spacing & ideal number of children	Group discussion on the meaning of different terms: On ideal family, too early, too frequent, too many and too late child births & relating these to the families in their communities
12:30-15:00	To enable participants to identify the causes & consequences of high	Story-telling-with-scenarios exercise: Divide the participants into 3 small groups & present the same sets of

15:00-16:00	fertility	<p>pictures with before & after scenario (with large & small families respectively). Ask them to describe what they see & feel about each scenario Tell them to share similar scenarios from their communities. Ask them what they see as the consequences of each scenario. Ask them what they feel as the cause for the problem scenario</p> <p>Presentation of group work & discussion & consensus forming</p>
<p>3/5/2000 11:00-11:30</p> <p>11:30-13:30</p> <p>13:30-14:00</p> <p>14:30-16:00</p>	<p>To identify the methods used by the community for controlling fertility</p> <p>To enable participants to identify the target population who would possibly need FP service</p>	<p>Review of previous day's work</p> <p>Group Activity: Ask participants in groups to list the methods used to control fertility in their communities and share own experiences regarding the merits & demerits among contraceptive user & non-user women</p> <p>Presentation of group work</p> <p>Using the village household map, participants find out the eligible women for contraception in their wards</p>
<p>4/5/2000 11:00- 11:30</p> <p>11:30-13:00</p> <p>13:00-16:00</p>	<p>To enable participants to formulate the possible solutions for non-use of contraceptives</p> <p>To enable participants to develop the action plan to start the FP related services with CMWRAs in the community</p>	<p>Review of previous day's work</p> <p>Discussion on possible solutions: Participants find out the possible solutions that they could use to address problem of the non-use of contraceptives</p> <p>Ask participants to draw seasonal calendar to determine which times of the day and months they can use for FP related activities</p> <p>Participants will prepare a plan for starting the program with CMWRAs.</p>

<p>5/5/2000 11:00-13:30</p> <p>14:00-16:00</p>	<p>To review with the participants the different contraceptive methods including actions, benefits, limitations and side effects:</p> <p><u>Non-clinical methods:</u> Pills, condom, breast feeding <u>Clinical methods:</u> Depo, norplant, IUD, Vasectomy & tubectomy Physiological method: Lactational amenorrhoea</p> <p>-To enable participants to identify high-risk conditions for FP methods</p>	<p>Discussion with participants using real specimens and diagram -Sharing of experiences,</p> <p>Demonstration of the technique of taking pills and condom</p> <p>Demonstration of the screening guideline for checking high-risk conditions</p>
<p>6/5/2000 11:00- 12:30</p> <p>12:30-13:30</p> <p>14:00- 16:00</p>	<p>-To enable participants to identify the correct technique of use of pills, condom & breast feeding</p> <p>-To enable them to identify women needing referral</p> <p>-To enable them to record & report the activities carried out</p>	<p>Demonstration and discussion on technique of using contraceptives</p> <p>Discussion & sharing of experiences</p> <p>Discussion on importance of recording and reporting of information</p> <p>Review of record keeping format</p>
<p>7/5/2000 11:00-11:15</p> <p>11:15-16:00</p>	<p>To enable participants to use facilitation skills with CMWRAs</p>	<p>Review of previous days' sessions</p> <p>Role play exercises in use of facilitation skills by individual FCHVs in raising awareness about contraception among CMWRAs, each followed by feedback & discussion</p>

b) At the Action-Group Level

Guided action and reflection cycles of FCHV with CMWRAs to enhance and reinforce the facilitation skills of FCHV

Venue: Home of FCHV or CMWRAs

Dates: May 10 to June 30, 2000

Objective	Activity
To assist FCHV to explain the purpose of the meeting	FCHV will explain the purpose of the meeting and the group will introduce to each other
To enable FCHVs to assist CMWRAs in identifying the implications of large family size on the health of children and family	FCHVs will explain to CMWRAs about “the story- telling-with scenarios exercise” and present the pictures with before & after scenario (with large & small families respectively). Ask them to describe what they see & feel about each scenario Tell them to share similar scenarios from their families or neighborhood. Ask them what they see as the consequences of each scenario. Ask them what they feel as the cause for the problem scenario
To enable FCHVs to assist CMWRAs in making a plan as to what they would do in regards to controlling their fertility	FCHVs will discuss with CMWRAs the possible solutions and help them to develop a plan of action
To enhance the ability of FCHV to increase the awareness of CMWRAs about the contraceptive methods	FCHV will provide FP education to CMWRAs using group discussion technique and help them clarify their misconceptions
To enhance the skill of FCHV in demonstrating to CMWRAs the correct technique of the taking oral contraceptive pills and condom	Demonstrate the correct technique of taking pills and condom using real samples
To enable FCHV to evaluate the effectiveness of the session	FCHV will ask one CMWRA to summarize what they have gained from the session and what is their plan for the follow-up.

Appendix 16

Screening Checklist for High-Risk Conditions For Use of Temporary Contraceptive Methods

Direction: FCHVs will use the following checklist to screen CMWRAs for the presence of any conditions that is risky for the use of hormonal (oral contraceptive pills, depo or norplant) or intrauterine (IUD) contraceptives

High risk conditions	Present/ Absent	If present, avoid using "x" marked methods			
		Pills	Depo	Norplant	IUD
1. Onset of last menstruation more than 7 days ago		x	x	x	x
2. Bleeding or spotting between menses		x	x	x	x
3. Heavy bleeding (4 pads per day) during menses		-	-	-	x
4. Prolonged bleeding (8 days) during menstruation		-	-	-	x
5. Severe menstrual cramps needing treatment		-	-	-	x
6. Breast feeding		x	-	-	-
7. Cigarette smoker		x	-	-	-
8. Abnormal yellow skin or eyes (Jaundice)		x	x	x	-
9. Severe headache or blurred vision		x	x	x	-
10. Severe pain in calves, thighs or chest		x	-	-	-
11. Known case of high blood pressure		x	x	x	-
12. Presence of mass or lump in the breast		x	x	x	-
13. Known case of diabetes		x	x	x	-
14. Taking medicine for TB or convulsion		x	-	x	-
15. Pallor (weakness)		-	-	-	x

Appendix 17

Checklist on Facilitating Group Sessions

Techniques*	Yes	No	Remark
1. Arranges the seating to facilitate face to face contact			
2. Greets the participants warmly			
3. Explains the purpose of the session clearly			
4. Invites everyone in the group to participate in the discussion			
5. Asks questions that require participants to answer in their own words			
6. Encourages participants to share their experiences to the group			
7. Deals with silent/dominating participant appropriately			
8. Keeps the discussion on track			
9. Assist the participants to express their concerns/ beliefs			
10. Provides relevant information to the participants about contraception			
11. Demonstrates correct technique of using contraceptive methods			
12. Uses visual materials appropriately			
13. Assists participants in planning for the follow-up activities			
14. Reviews with participants the achievements			
15. Concludes the session by thanking the participants			

* Adopted from Bergdall, 1993

Appendix 18

Job Description of FCHVs Related to FP Services

Immediate Supervisor: Village health worker (VHW)

Type of job: Voluntary service on primary health care components to the community

Placement: Irrespective of the population size a minimum of at least one FCHV per ward

Present job responsibilities:

- Motivate the eligible couples for family planning and inform about contraceptive methods
- Distribute condoms
- Refer couples interested in other contraceptive methods to the health institutions
- Re-supply pill acceptors
- Follow-up of clients and refer for complications

Appendix 19

FCHVs' Biodata

ID	Age in yrs.	Education	Occupation	Duration of work as FCHV	Reason for FCHV training	Age at marriage (years)	No of children	Age of youngest child	FP used	Education of the husband	Occupation of the husband	Family type
FCHV1	23	10 th std.	Agriculture	5 yrs.	For status	17	1	2 yrs.	Depo	SLC	Service	Nuclear
FCHV2	26	5 th std	Agriculture	5 yrs.	For service	18	2	5 yrs.	Vasectomy	8 th std.	Agriculture	Nuclear
FCHV3	26	9 th std.	None	5 yrs.	For status	19	2	2 yrs.	Pills	SLC	Service	Nuclear
FCHV4	20	Literate	Agriculture	5 yrs.	For learning	NA ¹	-	-	-	-	-	Extended
FCHV5	42	Literate	Agriculture	2 yrs.	For job	16	2	12 yrs.	Vasectomy	2 nd std.	Agriculture	Nuclear
FCHV6	37	Literate	Agriculture	2 yrs.	For service	14	6	7 yrs.	Depo	3 rd std	Shop-keep.	Nuclear
FCHV7	21	8 th std.	None	5 yrs.	For self dev.	20	1	7 mths.	NA ²	SLC	Service	Nuclear
FCHV8	44	Literate	Shop-keep.	11 yrs.	For status	14	3	16 yrs.	None	Literate	Shop-keep.	Nuclear
FCHV9	45	Literate	Shop-keep.	11 yrs.	For learning	20	2	24 yrs.	NA ³	-	-	Extended
FCHV10	50	Literate	Agriculture	14 yrs.	For service	9	4	10 yrs.	NA ⁴	Literate	Agriculture	Nuclear
FCHV11	46	Literate	None	11 yrs.	For job	16	5	14 yrs.	None	4 th std.	Service	Nuclear
FCHV12	24	Literate	Agriculture	4 yrs.	For learning	18	3	2 yrs.	Depo	3 rd std.	Laborer	Nuclear
FCHV13	35	Literate	Agriculture	4 yrs.	For service	19	2	15 yrs.	None	2 nd std.	Carpenter	Nuclear
FCHV14	21	8 th std.	Service	5 yrs.	For learning	NA ¹	-	-	-	-	-	Extended
FCHV15	34	Literate	Agriculture	11 yrs.	For service	21	3	12 yrs.	None	2 nd std.	Service	Nuclear
FCHV16	24	Literate	Stitching	5 yrs.	For self dev.	NA ¹	-	-	-	-	-	Extended
FCHV17	41	Literate	Agriculture	2 yrs.	For self dev.	14	3	10 yrs.	Vasectomy	Literate	Agriculture	Nuclear

Note:

NA¹ = Unmarried

NA² = Not applicable (Husband away to another country)

NA³ = Not applicable (Husband dead), NA⁴ = Menopause

Appendix 20

FCHVs' Post-intervention Activity record

Table 5a: Number of Formal Group Meetings conducted by FCHVs during the 6 months Post-intervention Follow-up Period

FCHVs	Number of Formal Group Meetings Conducted						Total
	1 st month	2 nd month	3 rd month	4 th month	5 th month	6 th month	
FCHV 1	0	2	3	0	2	2	9
FCHV 2	1	1	1	0	0	1	4
FCHV 3	0	1	2	0	1	1	5
FCHV 4	0	2	1	0	1	1	5
FCHV 5	1	1	1	0	1	2	6
FCHV 6	0	3	2	0	1	2	8
FCHV 7	1	2	1	0	1	2	7
FCHV 8	1	1	1	1	1	1	6
FCHV 9	0	1	2	1	0	2	6
FCHV 10	0	2	2	1	1	0	6
FCHV 11	1	2	2	0	0	1	6
FCHV 12	0	1	2	0	1	2	6
FCHV 13	0	1	2	0	1	2	6
FCHV 14	0	2	1	0	1	1	5
FCHV 15	0	2	2	1	1	1	7
FCHV 16	1	1	2	0	1	1	6
FCHV 17	1	1	1	0	1	2	6
Total	7	26	28	4	15	24	104

Table 5b: Number of CMWRAs who had received FP Education from the FCHVs during the Six Months Post-intervention Follow-up Period

FCHVs	No. of CMWRAs receiving FP education						Total
	1 st month	2 nd month	3 rd month	4 th month	5 th month	6 th month	
FCHV 1	2	0	6	3	4	4	19
FCHV 2	1	1	4	1	4	3	14
FCHV 3	3	1	4	1	2	4	15
FCHV 4	1	2	3	3	2	2	13
FCHV 5	2	1	3	1	2	4	13
FCHV 6	1	0	8	1	3	5	18
FCHV 7	1	3	6	1	2	4	17
FCHV 8	3	2	4	1	2	3	14
FCHV 9	1	2	2	2	3	5	15
FCHV 10	1	2	4	1	2	4	14
FCHV 11	2	2	2	2	3	5	16
FCHV 12	1	1	3	3	2	4	14
FCHV 13	3	3	2	3	1	3	15
FCHV 14	2	2	2	3	3	1	13
FCHV 15	2	2	3	3	3	4	17
FCHV 16	4	4	3	2	1	1	15
FCHV 17	3	2	1	3	3	2	14
Total	32	30	60	34	42	58	256

Table 5c: Number of CMWRAs Referred by FCHVs for FP Methods during the 6 months Post-intervention Follow-up Period

FCHVs	Number of CMWRAs Referred						
	1 st month	2 nd month	3 rd month	4 th month	5 th month	6 th month	Total
FCHV 1	1	2	2	2	2	0	9
FCHV 2	2	1	2	1	0	0	6
FCHV 3	2	1	1	2	1	0	7
FCHV 4	1	2	1	1	0	1	6
FCHV 5	1	1	1	1	1	2	7
FCHV 6	2	2	2	2	1	1	10
FCHV 7	2	2	1	1	2	1	9
FCHV 8	1	2	2	1	1	1	8
FCHV 9	1	2	1	2	2	0	8
FCHV 10	1	2	1	2	2	0	8
FCHV 11	2	1	1	3	1	1	9
FCHV 12	1	1	2	1	1	1	7
FCHV 13	2	2	1	2	1	0	8
FCHV 14	2	0	1	0	2	2	7
FCHV 15	2	2	2	1	1	1	9
FCHV 16	2	1	2	1	1	0	7
FCHV 17	2	2	1	1	2	1	9
Total	27	26	24	24	21	12	134

Table 5d: Number of CMWRAs receiving Pills refill packets from FCHVs during the Six Months Post-intervention Follow-up Period

FCHVs	Number of CMWRAs receiving Pills Refill Packets						
	1 st month	2 nd month	3 rd month	4 th month	5 th month	6 th month	Total
FCHV 1	0	0	1	1	0	1	3
FCHV 2	0	0	0	0	0	0	0
FCHV 3	0	0	0	0	0	0	0
FCHV 4	0	0	0	0	0	0	0
FCHV 5	0	0	0	0	0	0	0
FCHV 6	0	0	0	1	1	0	2
FCHV 7	0	0	0	1	1	1	3
FCHV 8	0	0	0	0	0	0	0
FCHV 9	0	0	1	0	1	0	2
FCHV 10	0	0	0	0	0	0	0
FCHV 11	0	0	0	1	0	0	1
FCHV 12	0	0	0	1	0	0	1
FCHV 13	0	0	0	0	0	0	0
FCHV 14	0	0	0	0	0	0	0
FCHV 15	0	0	0	0	1	0	1
FCHV 16	0	0	0	0	0	0	0
FCHV 17	0	0	0	0	0	0	0
Total	-	-	2	5	4	2	13

Table 5e: Number of CMWRAs receiving Condom Packets from FCHVs during the Six Months Post-intervention Follow-up Period

FCHVs	Number of CMWRAs receiving Condom Packets						
	1 st month	2 nd month	3 rd month	4 th month	5 th month	6 th month	Total
FCHV 1	0	1	11	0	2	1	5
FCHV 2	0	1	0	1	1	0	3
FCHV 3	0	1	2	0	1	0	4
FCHV 4	0	0	1	1	1	0	3
FCHV 5	0	1	0	1	0	0	2
FCHV 6	0	1	1	2	2	0	6
FCHV 7	1	0	1	0	1	2	5
FCHV 8	0	1	0	0	1	0	2
FCHV 9	1	1	0	1	0	1	4
FCHV 10	1	0	1	1	0	0	3
FCHV 11	1	0	1	0	1	1	4
FCHV 12	0	1	0	1	0	1	3
FCHV 13	0	1	1	0	1	0	3
FCHV 14	0	1	0	1	0	0	2
FCHV 15	0	0	2	1	1	1	5
FCHV 16	0	1	1	0	1	0	3
FCHV 17	0	1	0	1	1	0	3
Total	4	12	12	11	14	7	59

Table 5f: Number of CMWRAs Followed-up by FCHVs during the Six Months Post-intervention Follow-up Period

FCHVs	Number of CMWRAs Followed-up						
	1 st month	2 nd month	3 rd month	4 th month	5 th month	6 th month	Total
FCHV 1	0	2	2	2	1	2	9
FCHV 2	1	1	1	1	1	1	6
FCHV 3	1	2	1	2	1	1	8
FCHV 4	0	1	1	1	1	2	6
FCHV 5	1	1	2	1	1	1	7
FCHV 6	1	2	2	1	2	1	9
FCHV 7	0	1	2	1	3	1	8
FCHV 8	0	1	2	1	1	1	6
FCHV 9	1	2	1	2	1	1	8
FCHV 10	0	1	2	1	1	2	7
FCHV 11	2	2	1	1	2	1	7
FCHV 12	1	1	2	1	1	1	7
FCHV 13	1	1	1	2	2	0	7
FCHV 14	0	1	1	2	1	1	6
FCHV 15	0	2	2	2	2	1	9
FCHV 16	1	1	1	0	1	2	6
FCHV 17	1	1	1	1	1	1	6
Total	11	23	25	22	23	20	124

Curriculum Vitae



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- 1982-1984 : *Master of Nursing*, RAK College of Nursing, University of Delhi, India (in Child Health Nursing with thesis on protein-energy malnutrition in under-five children).
- 1971-1975 : *B. Sc. Nursing*, LT College of Nursing, SNDT, Women's University, Bombay, India (including nursing & midwifery subjects)
- 1968-1971 : *I. Sc.*, Tri-chandra College, Tribhuvan University, Kathmandu, Nepal, (Major subjects: Physics, chemistry & biology)

Employment:

- May 2002 to date : **Professor**, TU, Institute of Medicine (IOM), Maharajgunj Nursing Campus
- July 1997- April 2002 : **Associate Professor**, TU, IOM, Maharajgunj Nursing Campus
- June 1981- July 1997 : **Lecturer**, TU, IOM, Maharajgunj Nursing
- June 1975- June 1981 : **Assistant Lecturer**, TU, IOM, Nursing Campus, Mahaboudha

Work Experience:

- Campus Chief** : Maharajgunj Nursing campus, TU, Institute of Medicine, 2002 to date (Day to day management of the Campus activities, teaching in classroom & providing clinical supervision and research guidance to the students)
- Departmental Head** : Department of Midwifery, Maharajgunj Nursing Campus, 1996-1997 (Organizing midwifery teaching learning experiences to the students and planning for faculty development in midwifery)
- Assist. Campus Chief** : Maharajgunj Nursing Campus, 1988-91 (Assisting the campus chief in the management of the campus)

Chairperson	: Nepal Nursing Council Review Committee, Nursing Association of Nepal 1988-1990, (Reviving Nepal Nursing Council Act)
Chief	: Examination Section, Mahaboudha Nursing Campus, 1978-79 (Conducting summative examination and keeping record of the students performance)
Teacher Role	: Maharajgunj Nursing Campus, 1975 to date (Taught courses like, fundamentals of Nursing, nutrition, applied sciences, pharmacology midwifery, medical surgical nursing, pediatric nursing, and research to different level of nursing students)

Professional Memberships

1996-1997	: Master of Nursing Research Committee, Maharajgunj Nursing Campus
1994-1995	: Curriculum Development Committee of Master of Nursing Programme, IOM
1992 to date	: Child Development Society, Nepal
1991-1992	: Steering Committee of Master of Nursing Programme, IOM
1988-1989	: Curriculum Review Committee of Bachelor of Nursing Programme, Maharajgunj Nursing Campus,
1984-1985	: Curriculum Development Committee of Bachelor of Nursing Programme in Child Health, Mahaboudha Nursing Campus,
1975 to date	: Nursing Association of Nepal,

Research Experience:

1. **Short-term Consultant** for “*Baseline Health Facility Assessment of Nuwakot District for Maternal & Child Survival Programme through Local Women Health Workers*”, SCF, US, 2000.
2. **Principal Investigator**, “*Assessment of Post-Basic Bachelor of Nursing Graduates in relation to Roles assumed Following Graduation*”, WHO, 1993-1994.
3. **Co-Investigator**, “*Impact of Counselling Service on the Acceptance and Continuation of Temporary Contraceptive Measures*”, WHO, 1993.
4. **Principal Investigator**, “*The Feasibility Study of Initiating Master of Nursing Programme in Nepal*”, Nursing Education Department, IOM, 1991-92.
5. **Co-Investigator**, “*The Relationship between the Socio-economic and Cultural Background of Mothers and their Awareness about Child Spacing and Fertility Rate*”, Family Health Project, IOM, 1991-92
6. **Co-Investigator**, “*Mothers' Knowledge about the Immunisation Schedule of their Under Five Children*”, Family Health Project, IOM, 1991-92.

7. **Co-Investigator**, “*The KAP of Mothers-in-law regarding the Intra-Conceptional Care of their Daughters-in-law Before and After Educational Session*”, WHO, 1989-91.
8. **Principal Investigator**, “*The Study to Investigate the Factors related to Morbidity of Inpatient Children Under Five in Selected Paediatric Units*”, Family Health Project, IOM, 1986-87.
9. **Co-Investigator**: “*The Follow-up Study of the Graduates of Certificate of Medical Science: Nursing from 1974 to 84 in terms of Fulfilment of the Objectives of the Programme*”, IOM, 1985-86.

Publications:

I. Books:

1. “*Nursing Care of Children*”, et al, published by Health learning Material Centre, IOM, 2000.
2. “*A Manual of Fundamentals of Nursing*”, et al, published by Health Learning Materials Centre, IOM, 1989.
3. “*Child Health Promotion*”, a Nepali version textbook for Proficiency Certificate Level Nursing Students, published by Family Health Project, IOM, 1986.

II. Articles Published:

1. “*A Conceptual Model for Empowerment of the Female Community Health Volunteers in Nepal*” **Education for Health**, 2003; 16(3): 318-327.
2. “*Increasing Contraceptive Acceptance through Empowerment of Female Community Health Volunteers in Rural Nepal*”, **J Health Popul Nutr**, 2002; 20(2): 138-147.
3. “*Socio-Cultural Factors influencing Adolescent Pregnancy in Rural Nepal*”, **Int J Adolesc Med Health**, 2002; 14(2):101-9.
4. “*Utilisation of Maternal and Family Planning Services by Rural Women in Nepal*”, et al. **Journal of IOM**, 1995; 17(2):86-91.
5. “*Teaching Research in Bachelor of Nursing Programme: An Evaluation Study*”, **Journal of NAN**, May 1995 Special Issue: 21-27.
6. “*Need and Feasibility for Introducing Master of Nursing Programme in Nepal*”, et al. **Journal of IOM**, 1993; 15(2); 230-236.
7. “*Pictorial aid on safe-Motherhood Components*”, et al **Journal of IOM**, 1992; 14(4): 306-317.

8. "Educating Nepalese Women to provide Improved care for their Childbearing Daughters-in-law", et al, **World Health Forum**, 1992; 13(4): 353-354.
9. "Nursing Education in Nepal", et al, **National Nurses Conference Souvenir**, Nursing Profession Today and Tomorrow, January 1991.
10. "Measures towards Prevention of Maternal Mortality", **TNAN Journal**, May 1988 (Special Issue): 6-9.
11. "Teaching the Mothers of Malnourished Children", **Journal of IOM**, 1984; 6(2): 149-154.

Paper Presented:

1. "Community-oriented nursing education in Nepal" at the *4th International Conference on Community-Oriented Medical and Dental Education*, Baqai Medical University, Karachi, Pakistan, 15-17 August, 2004
2. "Maternal health services in Nepal" at the "*Fourth International Confederation of Midwives Asia-Pacific Regional Conference*", Saitama Prefecture, Japan, 7-9 June 1995 .
3. "The status of the utilisation of maternal health and family planning services by rural women" at the *International Research Conference on Enhancement of Maternal and Child Health*, Kathmandu, Nepal, 2-4 November, 1993.
4. "The KAP of mothers-in-law regarding the intra-conceptional care of their daughters-in-law before and after educational session", at the "*Fourth international conference for maternity nurse researchers*", Taipei, Taiwan, 1-4, November, 1992.
5. "AIDS and infant mortality" at the workshop on "*Challenge of AIDS to Nurse Educators*", Pokhara, Nepal, December 31 to January 3, 1991.

Training, Workshops and Conferences Attended:

1. "*Research Methodology & Biostatistics*" Khonkaen University, Khonkaen, Thailand, June 1 to September 30, 1997.
2. "*Improving the Health of Children around the World through Continuing Education*", Children's Hospital, Columbus, Ohio, USA, 20 Feb. to 17 May 1997
3. "*Fifth International Conference of Maternity Nurse Researchers -Visions for Childbearing Women's Health 2000 AD*", Kona, Hawaii, 15-18 November 1994.
4. "*International Nursing Research Conference on enhancement of maternal and child health*", organised by NAN/NRSI, Kathmandu, Nepal, 2-4 November 1993.
5. "*Inter-country consultation on research in nursing*", Chaing Mai, Thailand, 24-28 June, 1991.
6. "*International workshop on women and health: leadership training for health and development*", Yogyakarta, Indonesia, 6-10 August 1990.

Served as Facilitator:

1. *“Review workshop on Research for Nursing Faculty”*, Bir-hospital Nursing Campus, June 3-6, 1993.
2. *“Workshop for the Implementation of Master of Nursing Programme”*, Maharajgunj Nursing Campus, July 19-25, 1994.
3. *“Training on Research Methodology”*, MOH/NHTC, November 24 -December 14, 1996.

Award Received:

1. *“Special Prize of Vice Chancellor of Tribhuvan University”*, 2061 (2004 AD)
2. *“Education Day Award”*, HMG, Ministry of Education and Sports, 2060 (2004 AD)
3. *“2047 Amar Pahari Medical Literary Award”* for authoring the book titled *“Manual of Fundamentals of Nursing”*(1991 AD)

Academic Abilities

My teaching career started in 1975 when I entered Tribhuvan University as assistant lecturer. My 28 years of experience as an educator has helped me in gaining skills in teaching, curriculum development, and development of learning resources. During these years my exposure to administrative job as chairperson of instruction committees, assistant campus chief, campus chief, chief of the examination section and head of the department etc. has helped me in developing my skills in planning and management of resources. Further, it has helped me to learn how to work effectively with people in team.

Besides conducting research, long years of teaching and guiding bachelors and masters level students in nursing research enabled me to gain expertise and skills in the area of research. Furthermore, through participation in various committees of IOM such as “Entrance examination committee”, “Midwifery and Paediatric Subject committees” and Faculty Board meetings, I gained skills in the promotion of the educational standard.

With the belief that women and children are the most vulnerable groups in the country, my personal concern has been to work towards the betterment of the health of women and children. With this concern, I did “Master of Nursing in Child Health Nursing” and took the dissertation topic for Ph.D. as “the Empowerment of Female Community Health Volunteers for increasing Contraceptive Acceptance among the Married Women of Reproductive Age Group”.

My present job of Campus Chief has added my responsibilities to that of meeting the challenges of planning and managing day to day function of the campus as a whole and establishing co-ordination and relationships with the governmental and non-governmental organisations for bilateral benefits.